

FILED DEC 29 1943 318

State File No. _____
Registrar's No. 11376

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3041 Magazine St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3041 Magazine St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME Grant Morris

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day 15th
year 1943 hour 9 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 3-12-43
1943 to 12-15 1943
that I last saw him alive on 12-10 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased: 1 9 1873
(Month) (Day) (Year)

Immediate cause of death:
Chr Pulmonary Tuberculosis

Due to renal infection, app 10 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 70 Months 11 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Armstead Illinois
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER { 12. Name Do not know

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace Do not know
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Morris

(b) Address 3041 Magazine St

17. (a) Burial (b) Date thereof Dec 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. Russell Untd. Co.

(b) Address 2732 Pine Blvd.

19. (a) DEC 29 1943 (b) J. F. Brede
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Thos A. Lewis (M. D. or other) _____
Address 3154 1/2 EASTON Date signed 12-18-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Joel Russell

Licensed Embalmer No. *4112*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.